KEY SCHOOL AND DISTRICT PERSONNEL

FOR ISSUES RELATED TO...	PERSON OR DEPARTMENT	CONTACT INFORMATION
• School procedures for addressing concerns • Can give you who to contact for specific questions	Parent Liaison (Designated person able to provide bilingual assistance)	Name:_____ Phone#:_____ Bilingual: ☐ Yes ☐ No
• How to contact teachers- about grades, assignments, tutoring, summer school, etc. • Class schedule, school schedule • Change in address or telephone • Attendance • School records or withdrawal	Classroom teacher School Secretary	Name:_____ Phone#:_____ Bilingual: ☐ Yes ☐ No
• Services available for migrant children • School records or withdrawal • Summer school program in other states • Assistance with any issue involving a migrant child	Migrant Education Program Coordinator	Name:_____ Phone#:_____ Bilingual: ☐ Yes ☐ No
• Student's class schedule, school withdrawal • Emotional problems, safety, bullying, violence • Alcohol, drug, or physical abuse • STAAR testing, earning high school credit	School Counselor	Name:_____ Phone#:_____ Bilingual: ☐ Yes ☐ No
• Programs for students at risk of dropping out • Attendance, skipping school	Dropout Prevention Specialist	Name:_____ Phone#:_____ Bilingual: ☐ Yes ☐ No
• Safety, bullying, and any other issue related to school	School Principal	Name:_____ Phone#:_____ Bilingual: ☐ Yes ☐ No
• Problems with English Language	English as a Second Language (ESL) Coordinator	Name:_____ Phone#:_____ Bilingual: ☐ Yes ☐ No
• Services or accommodation- if child is already admitted in special ed • Special education testing-if you suspect that child may have a special need, such as a learning disability, etc. • General question about special education and parent and student rights	Special Education Coordinator	Name:_____ Phone#:_____ Bilingual: ☐ Yes ☐ No
• Immunization, vision, or hearing screenings • Health or dental problems, nutrition • Issues related to taking medication while at school	Health Services	Name:_____ Phone#:_____ Bilingual: ☐ Yes ☐ No
• Assistance for students whose families do not have a residence of their own	Homeless Services	Name:_____ Phone#:_____ Bilingual: ☐ Yes ☐ No
• School breakfast/lunch menus or prices • Application for free meals at school	Food Services	Name:_____ Phone#:_____ Bilingual: ☐ Yes ☐ No
• Transportation to or from school by bus • Bus safety or schedules	Transportation Services	Name:_____ Phone#:_____ Bilingual: ☐ Yes ☐ No